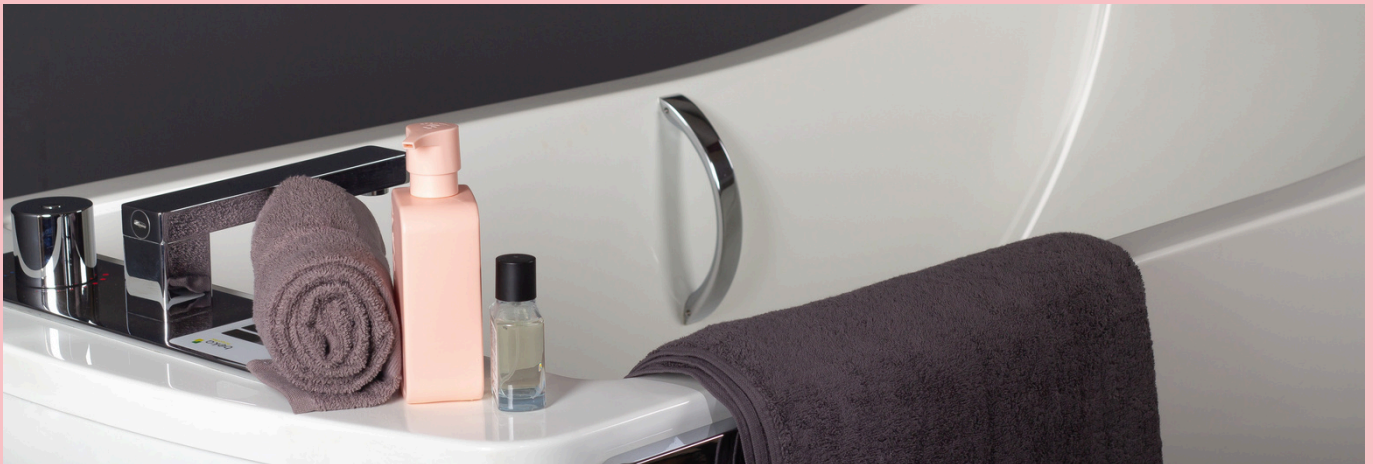


# Bathing & Epilepsy

Key Considerations for Occupational Therapists and Specifiers



## Introduction

Bathing for people with epilepsy requires careful, individualised planning. There is no universal solution. The right equipment choice depends on:

- The type and frequency of seizure activity
- The person's medical history and care plan
- Level of supervision required
- Environment (home, school, residential care)
- Carer capability and training
- Manual handling considerations

The overriding principle is simple:

**If seizure activity occurs in the bath, the priority is rapid airway protection and safe removal from risk.**

How that is achieved will differ from person to person. At Astor Bannerman, we work closely with Occupational Therapists, local authorities, schools and care providers to design bathroom environments that support safety, dignity and clinical need.

When epilepsy is part of the picture, specification becomes more complex. There is no universal "epilepsy-safe" bath. Instead, the right solution depends on the individual - their seizure profile, environment, and care support.

As manufacturers of specialist bathing systems, we understand both the capabilities and limitations of different bath types, and we support professionals in thinking through the practical realities of real-life use.

# Core **Safety** Considerations

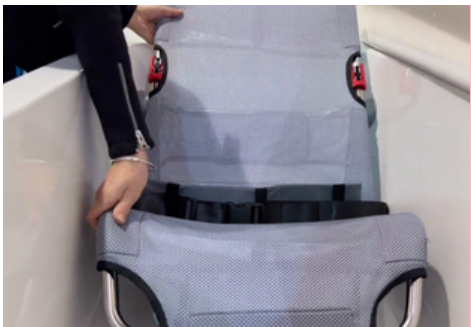


## 1. Supervision & Monitoring

- Individuals should always be monitored in line with their care plan.
- Bathrooms should not be locked.
- Lone bathing is rarely appropriate unless clinically assessed.

## 2. Water Depth

- Shallower water reduces drowning risk.
- Consider whether a full bath is clinically necessary or whether assisted showering is safer.
- Running water could be a trigger for some, so it may be better to prefill the bath.



## 3. Positioning

- Back-supported positioning may assist airway management.
- Head and airway access must be considered in advance.

## 4. Temperature Control

- Avoid overheating.
- Room temperature should be comfortable and stable.
- Water temperature should be controlled and monitored.



## 5. Environment

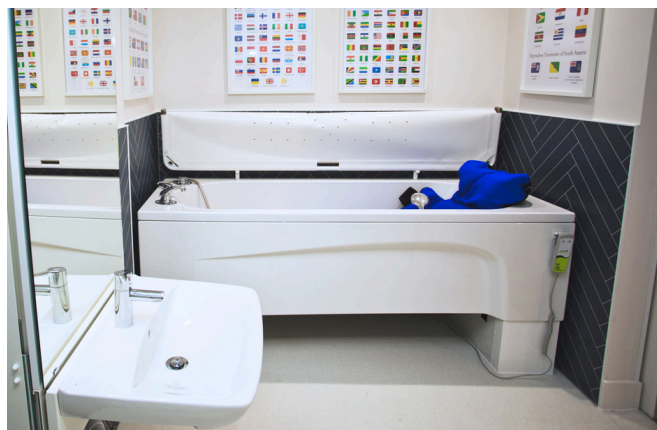
- Clear space around the bath for carers.
- Rapid access to the individual from both sides if possible.
- Non-slip flooring.



# Equipment

## Options: Benefits & Considerations

There is no 'correct' bath type for epilepsy - only the option that best fits the individual's needs.



### Platform/Rising Baths

(Baths that raise the user out of the water)

#### Potential benefits:

- Can lift the person clear of the water.
- Reduces need for manual lifting.
- Maintains carer ergonomics.

#### Considerations:

- Lift cycle time may delay full evacuation.
- Water remains in bath unless drained.
- Consider airway access during lift.
- Consider safety of bather during lift.

### Side-Opening/Rapid-Drain Baths

(Baths that allow fast water evacuation)

#### Potential benefits:

- Water can be removed quickly.
- May allow faster airway access.
- Reduces drowning risk rapidly.

#### Considerations:

- Water evacuation creates slip risk for carers.
- Room drainage must be appropriate.
- Transfer plan must be clear once water is removed.

### Dual Drain Systems

#### Potential benefits:

- Faster water reduction.
- Simple mechanical solution.

#### Considerations:

- Does not remove person from the bath.
- Still requires safe handling plan.
- Effectiveness is limited by the capacity of the drainage systems.
- It is not easy to access the bather.

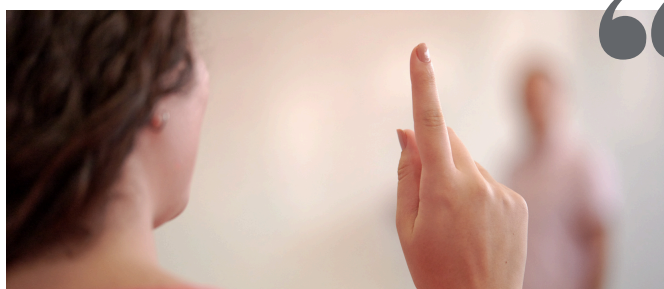
### Hoisting onto a Safe Area

#### Potential benefits:

- Can be very rapid with trained carers.
- Removes person fully from environment.
- Safe area simpler for care and recovery.

#### Considerations:

- Consider airway protection while hoisting.
- Requires significant skill and coordination
- Manual handling and sling positioning must be carefully assessed.



## The Big Question...

"If seizure activity occurs, how will we get this person safely out of danger - quickly - and who is responsible for each step?"



# Person-Centred Decision Making

The following must guide equipment selection:

- Type of seizure activity (e.g. tonic-clonic vs focal)
- Duration and predictability
- Known triggers (including heat)
- Rescue medication protocols
- Level of carer support
- Risk tolerance agreed with family/care team
- Manual handling constraints
- Environmental layout



## Key Takeaway

No bath design alone makes bathing “safe” for someone with epilepsy.

Safety comes from:

- Clinical understanding
- A robust care plan
- Appropriate supervision
- Correct equipment selection
- Clear emergency procedures

The best outcomes occur when equipment is selected as part of a holistic, person-centred approach - not as a default specification.



## Clinical Disclaimer

This guidance is intended to support discussion and informed decision-making. It does not replace clinical assessment or individual medical advice.

Equipment selection for individuals with epilepsy must always be based on a comprehensive risk assessment, the person’s documented care plan, and consultation with appropriate healthcare professionals.

Astor Bannerman does not provide medical advice but works collaboratively with Occupational Therapists, clinicians, and care teams to support safe, person-centred bathroom design.